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CONFIRMATION NO. 2874

<b>SERIAL NUMBER</b> 10/534,402	<b>FILING OR 371(c) DATE</b> 05/10/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> Tsivion P8US0
<b>APPLICANTS</b> Oren Gavrieli, Haifa, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL03/00939 11/11/2003 which claims benefit of 60/425,294 11/12/2002. <span style="float: right;">OK OK</span>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 37190				
<b>TITLE</b> Intra-airway ventilation				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	